Clinical Guideline

This guideline serves as a guide and does not replace clinical judgment.

Blood Culture Contaminant: Pediatric ED Callback Procedure

Pediatric Emergency Medicine

Pediatric ED alerted of discharged patient with:
<u>Coagulase Negative Staphylococcus</u> on BCID (preliminary blood culture report)

AND

- Not immunocompromised
- No indwelling hardware such as VP shunt, orthopedic devices, or intravenous catheters
- No cardiac anomalies
- No history of recent surgery
- Clinically well when contacted after blood culture resulted positive

Interpretation: Contaminant

Recommendation:

- Patient does not need to return to the ED
- Patient does not need repeat blood culture or further evaluation
- Advise **IF** the child develops new signs or symptoms **OR** parents report the child is getting sicker, the child will need to return to the ED for further evaluation.

For other suspected contaminants such as: Streptococcus species, Acinetobacter, Diphtheroids:

- Please discuss with infectious disease to determine if child needs to return for reassessment and possibly repeat blood culture, IV antibiotics, and/or admission.

Children with likely pathogens on BCID or positive gram stain with no BCID result available (i.e. “gram-positive cocci”):

- Patient should be called back to peds ED for repeat blood cultures, discussion with pediatric infectious disease, and sepsis/bacteremia care with fluids, antibiotics, and admission as appropriate.

Executive Summary

Blood Culture Contaminant: Pediatric ED Callback Procedure

Pediatric Emergency Medicine

Children's Hospital of Richmond at VCU: Peds ED Blood Culture Contaminant Workgroup

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References

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Hall KK, Lyman JA. Updated review of blood culture contamination. Clin Microbiol Rev. 2006 Oct;19(4):788-802. doi: 10.1128/CMR.00062-05. PMID: 17041144; PMCID: PMC1592696.

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Retrieval website: **https://www.chrichmond.org/health-care-professionals/chor-clinical-guidelines**

Example:
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